

OFFICE OF THE CITY ATTORNEY
PROSECUTION DIVISION
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REQUEST FOR DISCOVERY

CITY OF COLORADO SPRINGS V. _____

SUMMONS AND COMPLAINT NUMBER: _____

CASE NUMBER: _____

Date Requested: _____

Court Date, Time and Division: _____

DISCOVERY IS REQUESTED AS FOLLOWS:

_____ SUMMONS/COMPLAINT & AFFIDAVIT
_____ TRAFFIC ACCIDENT REPORT
_____ DEPARTMENT OF MOTOR VEHICLE RECORD
_____ DEFENDANT'S CRIMINAL RECORD
_____ OFFENSE REPORT
_____ VICTIMS' LETTER
_____ OTHER: _____

DISCOVERY TO BE SENT TO THE FOLLOWING ADDRESS:

TOTAL COST IS \$0.25 PER PAGE AND TO BE PAID TO THE CITY ATTORNEY'S OFFICE.